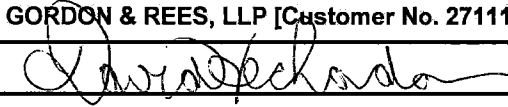
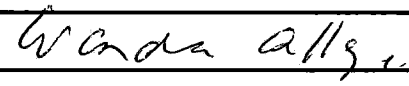


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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/014,117 | |
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| | First Named Inventor | LE, Tuan | |
| | Art Unit | 3679 | |
| | Examiner Name | DUNWOODY, Aaron M. | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | FLUI-1053552.33 (formerly 6074-A) |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Electronic Fee Transmittal <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/96 Statement Under 37 CFR 3.73(b) |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | GORDON & REES, LLP [Customer No. 27111] | |
| Signature |  | |
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